State:	H	AWAII
GROUPS COVERE	D AND AGENCIES RES	PONSIBLE FOR ELIGIBILITY DETERMINATIONS
Agency* Citation Department of Hum	n(s) nan Services determines e	Groups Covered ligibility for all groups.
The following group	os are covered under this	plan.
		andatory Coverage - Categorically Needy and Other quired Special Groups
42 C.F.R. 435.110	1.	Recipients of AFDC
		The approved State AFDC plan includes:
		Families with an unemployed parent with no time limit.
		Pregnant women with no other eligible children.
		AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.
		The standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.
		* See Supplement 15 to Attachment 2.6-A for eligibility under section 1931 of the Act.
42 C.F.R. 435.115	2.	Deemed Recipient of AFDC
		a. Individuals denied a title Iv-A cash payment solely because the amount would be less than \$10.
	•	
*	Agency that determines e	eligibility for coverage.
TN No. <u>97-003</u>	MAR 1 (3 1998
Supersedes	Approved Date	Effective Date JUL 1997

Supersedes TN No. <u>91-21</u>

	State:		Hawaii				
Agency* Citation	n(s)		Groups Covered				
	Α.	Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)					
		2. De	emed Recipients of AFDC				
1902 (a)(10)(A)(i)(I) of the Act		b.	Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482 (e)(6) of the Act.				
402 (a)(22)(A) of the Act		c.	Individuals whose AFDC payment are reduced to zero by reason of recovery of overpayment of AFDC funds.				
406(h) and 1902(a)(10)(A) (i)(I) of the Act		d.	An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.				
1902(a) of the Act		e.	Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.				
			* See Supplement 15 to Attachment 2.6-A for eligibility under section 1931 of the Act.				
* /	Agency that determin	nes eligibi	lity for coverage.				
TN No. <u>97-003</u>	MAR	1 6 1998	JUL 1 1997				
Supersedes	Approved Date		Effective Date				

Supersedes TN No. 91-21

Revision: HCFA-PM-91-4

AUGUST 1991

Citation(s)

(BPD)

ATTACHMENT 2.2-A

Page 2a

OMB NO.: 0938-

HAWAII State:___

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

407(b), 1902 (a)(10)(A)(i) and 1905(m)(1) of the Act

Agency*

3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

/X/ Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.

1902(a)(52) and 1925 of the Act

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

TN No. 91-21 Approval Date 10/13/92 Effective Date 10/01/91 Supersedes TN No. 88-15 HCFA ID: 7983E

^{*}Agency that determines eligibility for coverage.

Revision: HCFA-PM-91-4

AUGUST 1991

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(BPD)

ATTACHMENT 2.2-A Page 3

		OMB NO.:	0938-
State:	HAWAII		

Agency* Citation(s)

Groups Covered

A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)

42 CFR 435.113

- 5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:
 - a. Families denied AFDC solely because of income and resources deemed to be available from--
 - (1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
 - (2) Grandparents;
 - (3) Legal guardians; and
 - (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);
 - b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.
 - c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

TN No. 91-21 Approval Date 10/13/92 Effective Date 10/01/91 Supersedes
TN No. 86-16 HCFA ID: 7983E

^{*}Agency that determines eligibility for coverage.

AUGUST 1991 Page 3a OMB NO.: 0938-State: HAWAII Agency* Citation(s) Groups Covered A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 6. Individuals who would be eligible for AFDC except for 42 CFR 435.114 the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in 3 August 1972. Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan). Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan). _X_ Not applicable with respect to intermediate care facilities; State did or does not cover this service. 1902(a)(10) 7. Qualified Pregnant Women and Children. (A)(i)(III) and 1905(n) of a. A pregnant woman whose pregnancy has been the Act medically verified who--(1)Would be eligible for an AFDC cash payment, if the child had been born and was living with her. تلايال W *Agency that determines eligibility for coverage. TN No. 91-21 Approval Date 10/13/92 Effective Date __10/01/91 Supersedes

(BPD)

ATTACHMENT 2.2-A

HCFA ID: 7983E

Revision: HCFA-PM-91-4

TN No.

State:	HAWAII	
	COVERAGE AND CONDITIONS OF ELIGIBILITY	
Citation(s)	Groups Covered	

- A. Mandatory Coverage Categorically Needy and Other Required Special Groups (Continued)
 - 7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or
 - (3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

1902(a)(10)(A) (i)(III) and 1905(n) of the Act b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

Children born after

(specify optional earlier date) who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

TN No. 92-15
Supersedes Approval Date 10/29/92 Effective Date 7/1/92
TN No. 91-21

(1)

State: HAWAII

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(a)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(A) (i)(IV) and 1902(1)(1)(A) and (B) of the Act

- 8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(1)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.
 - X The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

9. Children:

- a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.
- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family income at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in Supplement 1 to ATTACHMENT 2.6A.

1902(a)(10)(A)
(i)(VI)
1902(1)(1)(C)
of the Act

1902(a)(10)(A)(i) (VII) and 1902(1) (1)(D) of the Act

TN No. 92-15
Supersedes Approval Date 10/29/92 Effective Date 7/1/92
TN No. 91-21

State:	IIAWAH	
	COVERAGE AND CONDITIONS	OF ELIGIBILITY
Citation(s)		Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a) (10)
(A) (i) (V) and
1905(m) of the
Act Duplicates item A.3
on page Za,
per MRM 42-10.

Individuals other than qualified pregnant women and children under item A.7. above who are members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(8)(i) of the Act to limit the number of menths for which a family may receive AFDC.

1902(e)(5) / 11. of the Act

- a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.
- b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

1902(e)(6) of the Act

TN No. 92-15
Supersedes Approval Date 10/29/92 Effective Date 7/1/92
TN No. 88-16

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Revision: HCFA-PM-92-1 February 1992

(MB)

ATTACHMENT Page 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	F	LAWAII					
Citation(s)				Groups Covered			
	A.	Mand Requi	latory Cov ired Speci	verage - Categorically Needy and Other al Groups (Continued)			
1902(e)(4) of the Act		12.	receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the nemains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.				
42 CFR 435.120		13.					
			a.	Individuals receiving SSI.			
				This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.			
				Aged			
				Blind			
				Disabled			

^{*}Agency that determines eligibility for coverage.

TN No.	00-006							<u> </u>	~~~
Supersedes		Approval Date:	11	5000	Effective Da	te:	APR	1	2000
TN No.	88-16				HCFA ID:	7983	E		_

(BPD) **ATTACHMENT 2.2-A** Revision: HCFA-PM-91-4 Page 6a August 1991 OMB NO.: 0938-State: Groups Covered Agency* Citation(s) A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 13. 42 CFR 435.120 Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.) Aged Blind Disabled The more restrictive categorical eligibility criteria are described below: Not applicable * Definition of disability as defined in 42 C.F.R. 346.540 and 436.541 * Definition of blindness as defined in 42 C.F.R. 436.530 and 436.531 (Financial criteria are described in ATTACHMENT 2.6-A). *Agency that determines eligibility for coverage.